

# ICAF SENIOR ACQUISITION COURSE (SAC) STUDENT NOMINATION FORM

**MUST BE COMPLETED BY AAC MEMBER**

Name: \_\_\_\_\_  
(Title: Dr., Ms., Mr.) (First Name) (Full Middle Name) (Last Name)

Parent Agency and Organization: \_\_\_\_\_

Are you an Acquisition Corp member? \_\_\_\_ Yes \_\_\_\_ No

Are you a Defense Systems Management College graduate? \_\_\_\_ Yes \_\_\_\_ No

**Check the certifications you hold and indicate the certification level by checking in front of the appropriate number.**

\_\_\_\_\_ Acquisition Logistics Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Auditing Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Business, Cost Estimating and Financial Management Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Communications-Computer Systems Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Contracting Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Industrial/Contract Property Management Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Manufacturing, Production and Quality Assurance Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Program Management Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Purchasing Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Systems Planning, Research, Development and Engineering Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

\_\_\_\_\_ Test and Evaluation Certification level: \_\_\_\_1 \_\_\_\_2 \_\_\_\_3

The nominee is level II or III certified or is appropriately qualified for this senior level acquisition course by virtue of the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACMO Representative: \_\_\_\_\_  
(Print name) (Phone number)

\_\_\_\_\_  
(Signature) (Date)